

OUTPATIENT SURVEILLANCE REPORT 5A-244

1. IDENTIFICATION		
Subject ID Number:	Date:	Time:
Assigned Personnel:		
Monitoring Station:	Radio Tag? <input type="checkbox"/>	Chipped? <input type="checkbox"/>
2. SOLITARY ACTIVITY		
General Condition Notes:		
Dietary Intake:		
Substance Intake:		
Stress Behaviors?	Personal Grooming?	
Masturbation Log:	Time:	Duration:
	Technique:	Climax?
Masturbation Log:	Time:	Duration:
	Technique:	Climax?
Masturbation Log:	Time:	Duration:
	Technique:	Climax?
3. SOCIAL ACTIVITY		
Visitors:		
Sexual Activity Log:	Time:	Duration:
	Initiator:	Climax?
Sexual Activity Log:	Time:	Duration:
	Initiator:	Climax?
Sexual Activity Log:	Time:	Duration:
	Initiator:	Climax?
Range Bounded? <input type="checkbox"/>	Violations:	

4. BIOFEEDBACK			
Pulse/BP 1:	Pulse/BP 2:	Pulse/BP 3:	Pulse/BP 4:
Alpha Beta Theta Gamma			
Scheduled Adrenaline Induction? <input type="checkbox"/>		<i>Attach Induction Report 6C-190 If Necessary</i>	
Scheduled Sleep Paralysis Induction? <input type="checkbox"/>		Ingress Personnel:	
SSPI Readings, Vaginal:		Anal:	Oral:
Maintenance Necessary?			
5. UTILIZATION			
Eligible for Staff Personal Use?		Authorized By:	
Personal Use Log:	Time:	Duration:	
	SSAI/SSPI/Voluntary	Climax?	
Personal Use Log:	Time:	Duration:	
	SSAI/SSPI/Voluntary	Climax?	
Personal Use Log: <small>continue below</small>	Time:	Duration:	
	SSAI/SSPI/Voluntary	Climax?	
6. CONDITIONING			
Imposed Compulsion Code:		Behavior Intact? <input type="checkbox"/>	
Imposed Compulsion Code:		Behavior Intact? <input type="checkbox"/>	
Imposed Restriction Code:		Behavior Intact? <input type="checkbox"/>	
Imposed Restriction Code:		Behavior Intact? <input type="checkbox"/>	
Further Conditioning Recommendations:			
ADDITIONAL LOGGING			
	Time:	Duration:	
		Climax?	